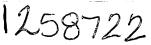
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UNITED STATES

SECURITIES AND EXCHANGE COMMISSION - Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT-TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB AP	PROVAL								
OMB Number: 3235-0076									
Expires:	May 31, 2005								
Estimated aver	age burden								
hours per resp	onse 1								
SEC U	SEONLY								
Prefix	Serial								
	DATE RECEIVED								

2000
Name of Offering (check if this is an amendment and name has changed, and indicate change.) Series A Convertible Preferred Stock Financing
Filing Hadry (Charle bay(so) that maly) Duly 504 Filed 505 M. Duly 506 D. Sartian 4(6) D. H. O.
Fining Onder (Check box(es) that apply). Li Rille 304 Li Rille 305 Li Section 4(6) Li OLOE
Type of Filing: New Filing □ Amendment
A. BASIC IDENTIFICATION DATA AUG - 6 2003 🦠 🦠
1. Enter the information requested about the issuer
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)
UpLink Corporation 183 207
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)
9508 Jollyville Road, Suite 200, Austin, Texas 78759 (512) 637-4800
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)
(if-different from Executive Offices)
Brief Description of Business
Provides hardware and software products based upon Global Positioning Systems and wireless communications technology
Type of Business Organization
☐ corporation ☐ limited partnership, already formed ☐ other (please specify):
business trust
Month Year
Actual or Estimated Date of Incorporation or Organization. 1 1 9 8
PROCESSE
Junisdiction of incorporation of Organization: (Enter two-letter U.S. Postal Service abbreviation for State:
CN for Canada, FN for other foreign jurisdiction) TX AUG 07 2003

GENERAL INSTRUCTIONS

THOMSON FINANCIAL

Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

CRAT

		A. BASIC-IDEN	TIFICATION DATA		
2. Enter the information requ		•	<i>J</i>		
	ner having the po	suer has been organized ower to vote or dispose,			more of a class of equity
		of partnership issuers.	•		s of partnership issuers; and
Check Box(es) that Apply	☐ Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, i Flatrock Capital Corp.	f individual)				
Business or Residence Address 8015 Shoal Creek Boulevan			Code)		
Check Box(es) that Apply	☐ Promoter	Beneficial Owner	☑ Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, i Pierce, Jr., Glenn A.	f individual)			- <u></u>	:
Business or Residence Address 9508 Jollyville Road, Suite			Code)		
Check Box(es) that Apply	☐ Promoter	☐Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Bond, Rodney S.	f individual)				
Business or Residence Address 9508 Jollyville Road, Suite	•		Code)		
Check Box(es) that Apply	Promoter	Beneficial Owner	☐ Executive Officer	☑ Director	El General and/or Managing Partner
Full Name (Last name first, i Reed, Clayton A.	f individual)				
Business or Residence Addre 46 Tiburon Drive, Austin,		Street, City, State, Zip	Code)		÷
Check Box(es) that Apply	☐ Promoter	☑ Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, i Auman, Jr., Howard F.	f individual)		,		
Business or Residence Addre 4605 Dundas Drive, Greens			Co de)		
Check Box(es) that Apply	☐ Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Moor, Leslie	findividual)	Large 1			
Business or Residence Addre 2705 Berenson Lane, Austi		Street, City, State, Zip	Code)		
Check Box(es) that Apply	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	- □ Director	☐ General and/or Managing Partner
Full Name (Last name first, i McCormick Master Statute	,				
Business or Residence Addre 8015 Shoal Creek Boulevan			Co de)		
Check Box(es) that Apply	☐ Promoter	Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, i R. S. Bond, Inc.	f individual)				
Business or Residence Address 9508 Jollyville Road, Suite	,		Code)		-

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner-having the power-to-vote or dispose, or direct the vote or disposition of,-10% or more of a class of equity securities of the issuer,
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Each general and r	nanaging partne	r of partnership issuers.			
Check Box(es) that Apply			☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, David Armstrong	if individual)				
Business or Residence Addr 8015 Shoal Creek Bouleva			(Code)		,
Check Box(es) that Apply		☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				1
Business or Residence Addr	ess (Number an	d Street, City, State, Zip	Code)		,
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				,
Business or Residence Addr	ess (Number an	d Street, City, State, Zip	Code)		2
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number an	d Street, City, State, Zip	Code)		1
Check Box(es) that Apply	☐ Promoter	Beneficial Owner	D Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				,
Business or Residence Addr	ess (Number an	d Street, City, State, Zip	Code)		1
Check Box(es) that Apply	☐ Promoter	Beneficial Owner	E Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				/
Business or Residence Addr	ess (Number an	d Street, City, State, Zip	Code)		
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	El-Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)			·	
Business or Residence Addr	ess (Number an	d Street, City, State, Zip	Code)		,
	(I-Jan-hl1-		14:4:1	mat og pagagamin	

					B. IN	FORM	ATION A	BOUT O	FFERIN	G		•
									J			<u>Yes No</u>
1.	Has the iss	suer sold,	or does the	he issuer i	intend to s	ell, to no	n-accredite	ed investo	rs in this	offering?.		🗆 🛛
			Answei	ralso in A	appendix,	Column 2	2, if filing	under UL	QE.			
2.	What is the	ne minim	um invest	ment that	will be ac	cepted fr	om any ine	dividual?				S _N/A_
												Yes No
3.	Does the o	offering p	emit-join	t ownerst	nip of a sir	igle unit?	··········		• • • • • • • • • • • • • • • • • • • •			🛛 🗆
4.	or similar listed is a of the bro	remunei n associa ker or de	ation for ted persor aler. If n	solicitation or agent	n of purch of a broke	nasers in e er or dealersons to	connection er register	n with sake ed with th	es of secu e SEC an	rities in th d/or with	or indirectly, any commune offering. If a person a state or states, list the a broker or dealer, you	name
Full N N/A	lame (Last 1	ame first	if individ	ual)								
Busin	ess or Resid	ence Add	ress (Num	ber and St	reet, City,	State, Zip	Code)		*****			
Name	of Associat	ed Broke	r or Dealer	•			······································	****			· · · · · · · · · · · · · · · · · · ·	,
States	in Which P	erson Lis	ted Has So	dicited or	Intends to	Solicit Pu	chasers					
(C)	neck "All St	ates" or c	heck indiv	idual State	×5)							
[A]		[AZ]			[CO]		[ĐE]	[DE]	[FL]	[GA]	-[HI]- [ID]	2 / 11 0 at 65
		[IA]	[KS]	[KY]	[LA]		[MD]	[MA]	[MI]	[MN]	[MS] [MO]	
[M [RI	I] [NE] [[SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	- [NC] [VA]	[ND]_ [WA]	- [OH] [WV]	[OK] [WI]	[OR] [PA] [WY] [PR]	
	lame (Last r					L 3						./
Dunin	ess or Resid		AI	11 0		Ctata 7	- Co-do					
			·		reet, City,	State, Zip	Code)			·		,
Name	of Associat	ed Broke	r or D ealer									i
States	in Which P	erson Lis	ted Has So	licited or	Intends to	Solicit Pu	rchasers					
(Cl	neck "All St	ates" or c	heck indiv	idual State	es)			.,.,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			🗖 All States
[AI	.] [AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	- [DE]	[DC]	[FL]	[GA]	[HI] · [ID]	
		[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS] [MO]	
[RI	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VI]	[NC] [VA]	[ND]— [WA]	[OH] [WV]	[OK] [WI]	[OR] [PA] [WY] - [PR]	
Full®	lame (Last r	ame first	, if individ	ual)								,
Busin	ess or Resid	ence Add	ress (Num	ber and St	reet, City,	State, Zip	Code)					
Name	of Associat	ed Broke	r or Dealer	•								
States	in Which P	erson List	ted Has So	licited or	Intends to	Solicit Pu	rchasers					
(Cl	neck "All St	ates" or c	heck indiv	idual State	es)							
[AI		[AZ]	[AR]		•	[CT]		[DC]		[GA]		
		[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS] [MO]	
[M [RI		[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	- [N Y] - [VI]	[NC] [VA]	- [ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [PA] [WY] [PR]	

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	Aggreents	Amount Al	de
	Type of Security	Aggregate Offering Price	Amount Alrea Sold	ay
	Debt	\$	\$ <u>·</u>	
	Equity	\$13,225,510.00	\$ 12,251,351	1.89
	☐ Common ☐ Preferred			
	Convertible Securities (including warrants)	\$	\$	
	Partnership Interests	\$	\$	
	Other (Specify)	\$	\$	
	Total	\$13,225,510.00	\$ 12,251,351	1.89
	Answer also in Appendix, Column 3, if filing under ULQE.			
1	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	M. 1	A	
		Number Investors	Aggregate Dollar Amous of Purchases	nt
	Accredited Investors	13	\$ <u>12,251,351</u>	<u>1.89</u>
	Non-accredited Investors	<u>0</u> .	· \$	0
	Total (for filings under Rule 504 only)		\$	
	Answer also in Appendix, Column 4, if filing under ULOE.			
:	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.			
	Type of offering	Type of Security	Dollar A mou Sold	nt
	Rule 505		\$ <u> </u>	N/A
	Regulation A	N/A	. \$ <u> </u>	N/A
	Rule 504	N/A	\$	N/A
	'Total	N/A	\$1	N/A
1	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees		\$	
	Printing and Engraving Costs		\$	
	Legal Fees	⊠	\$61,000.00	
	Accounting Fees		\$	
		_	¢	
	Engineering Fees		Φ-	
	Engineering Fees Sales Commissions (specify finders' fees separately).		\$	
			\$\$	

C. OFFERING PRICE, N	UMBER-OF-INVESTORS, EXPENS	ES-AND	USE OF PROCEE	os	
b. Enter the difference between the aggregate off total expenses furnished in response to Part C proceeds to the issuer."	- Question 4.a. This difference is the	"adjuste	ed gross		\$ <u>12,190,351.89</u>
5. Indicate below the amount of the adjusted gross each of the purposes shown. If the amount for at the box to the left of the estimate. The total proceeds to the issuer set forth in response to Part	ny purpose is not known, furnish an est of the payments listed must equal the	mate an	d check		!
	!		Payments to Officers, Directors & Affiliates		Payments to Others
Salaries and fees.		. 🗖	\$		\$
Purchase of real estate		. E	\$ <u>-</u>	Ø -	\$
Purchase, rental or leasing and installation of	machinery and equipment	. 🗆	\$		\$
Construction or leasing of plant buildings and	facilities	. 🛛	\$ <u></u>		\$ <u></u>
Acquisition of other businesses (including the offering that may be used in exchange for the pursuant to a merger)	assets or securities of another issuer	. 🗅	\$		\$
Repayment of indebtedness		D	\$ <u></u>		\$ <u></u>
Working capital		. 🗆	\$	\boxtimes	\$12,190,351.89
Other-(specify):-		_ 0-	\$ <u>···</u>		\$
			\$	p	\$
Column Totals		. 🗆	\$	\boxtimes	\$ <u>12,190,351.89</u>
Total Payments Listed (column totals added)		. 🖾	\$ <u>12,190,351.89</u>		
	D. FEDERAL SIGNATURE				
he issuer has duly caused this notice to be signed gnature constitutes an undertaking by the issuer to formation furnished by the issuer to any non-accret	by the undersigned duly authorized per furnish to the U.S. Securities and Ex	change (Commission, upon wr		
ssuer (Print or Type) Jp Link Corporation	Signature Signature	دار,		Date July <u>3</u>	2/, 2003
Name of Signer (Print or Type)	Title of Signer (Print or Type)				

ATTENTION

1	7	C.	TA'	T.	ST?	CN	Δ7	ΓT	121	7

1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?... Yes No

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf-by the undersigned duly authorized person.

Issuer (Print or Type) UpLink Corporation	Signature Bonding	Date July <u>7/</u> , 2003	
Name (Print or Type)	Title of Signer (Print or Type)	·	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1		2	3			4			5
· · · · · · · · · · · · · · · · · · ·	to non-	d to sell accredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item I)		Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
				Number of Accredited		Number of Non-Accredited			
State AL	Yes	No		Investors	Amount	Investors	Amount	Yes	No
AK	<u> </u>		-	-			· · · · · · · · · · · · · · · · · · ·		
AZ				<u>.</u>					<u>- </u>
AR				<u></u>		-			
CA								-	
CO:		-					·		
CT							-		
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MD									
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MI									-
MN			·						
MS							·	 	
MO						-			

APPENDIX

1.	j.,	2 .	3		,	4			5
	to non-a	I to sell accredited as in State I-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State -	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
MT						-			
NE .					-		-		
NV					-	***************************************			
NH								-	
NJ									
NM-	Li .	A !			<u> </u>			4.	
NY							·		
-NÇ		X	Preferred	1	2,673,789				X
· ·			\$2,673,789.09		· .				
ND.		-							
OH									
OK									
OR		-						i.	
PA					 				
RI									
SC				-					
SD									-
TN									
TX		X	Preferred	12	9,577,562				- X
			\$10,551,720.91				·-		
UT .									
VT								,	
VA									
WA								-	urina No.
WV			osav M		· · · · · · · · · · · · · · · · · · ·				- 4,
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WY			0 O		*				4
PR									.a